

Clinical Notification of Measles Form

(The Reporting of Diseases and Conditions Regulation, 37/2009, made under The Public Health Act, C.C.S.M. c.P210)

Suspect clinical cases of measles are required to be reported within 24 hours to Manitoba Health by confidential fax at 204-948-3044. No clinical notification is required if already laboratory confirmed.

In addition, report by phone call to the MOH on call after hours* at (204-788-8666) ONLY if suspect case:

- has high risk close contacts (immunocompromised, unimmunized pregnant persons, infants <12 months of age) exposed within the previous 6 days (may require post exposure prophylaxis); OR
- has exposed others while infectious in a childcare or health care setting; OR
- is from an area that is not known to have measles activity (e.g. Northern Manitoba).

*Overnight phone notifications are typically not required and can be deferred to the morning.

Suspect cases are recommended to have confirmatory laboratory tests and isolate at home until test results are available. Unimmunized/susceptible exposed household members should also isolate until results are available.

Case Information			
Last name:	First name:	D.O.B. (YYYY/MM/DD)	
MHSC#:	PHIN:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Address:	City:	Province:	Phone number: Ext:
Diagnosis*: <input checked="" type="checkbox"/> Clinically Suspected Measles			
<i>* Use Clinical Notification of Reportable Diseases and Conditions for all other reportable disease clinical notifications available at https://www.gov.mb.ca/health/publichealth/cdc/protocol/mhsu_0013.pdf</i>			
Symptoms			
<input type="checkbox"/> Rash (generalized maculopapular rash)		Onset Date (YYYY/MM/DD):	
<i>For exposures: consider infectious from 4 days prior to rash onset to 4 days after rash onset. Rash onset = day 0.</i>			
<input type="checkbox"/> Fever <input type="checkbox"/> Cough <input type="checkbox"/> Coryza <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Other (specify):			
Relevant History and Clinical Information			
<input type="checkbox"/> History of travel in previous 21 days Specify location:			
<input type="checkbox"/> Exposed to a confirmed measles case in previous 21 days			
<input type="checkbox"/> Pregnant Specify EDC (YYYY/MM/DD):			
<input type="checkbox"/> Measles immunization status: <input type="checkbox"/> One dose <input type="checkbox"/> Two or more doses <input type="checkbox"/> Unimmunized <input type="checkbox"/> Unknown			
ER visit <input type="checkbox"/> Y <input type="checkbox"/> N		Known complications (e.g. otitis media, pneumonia, encephalitis, SSPE):	
Hospitalized <input type="checkbox"/> Y <input type="checkbox"/> N Name of hospital:			
If deceased, date of death (YYYY/MM/DD):			
Laboratory Tests Ordered		Specimen Collection Date (YYYY/MM/DD)	
<input type="checkbox"/> NP swab for measles PCR (preferred – within 7 days of rash onset)			
<input type="checkbox"/> Serology (measles IgM + IgG)			
<input type="checkbox"/> Urine specimen for measles PCR (within 14 days of rash onset)			
High Risk Transmission Exposures – list any below within the previous 6 days (may require urgent follow-up for PEP)			
<input type="checkbox"/> Immunocompromised close contacts Details:			
<input type="checkbox"/> Pregnant close contacts Details:			
<input type="checkbox"/> Infant (< 1 year old) close contacts Details:			
High Risk Setting Exposures – list any during the infectious period			
<input type="checkbox"/> Childcare facility Details:		<input type="checkbox"/> Health care setting Details:	
Reporting Health Professional			
Last name:	First name:	Title:	
Clinic/Agency:	Contact Information (phone/email):		

The Measles Quick Reference Guide is available at <https://www.gov.mb.ca/health/publichealth/diseases/docs/measles-quick-reference-guide.pdf>

If you have any questions/concerns and you need to speak with a Medical Officer of Health, please call 204-788-8666.